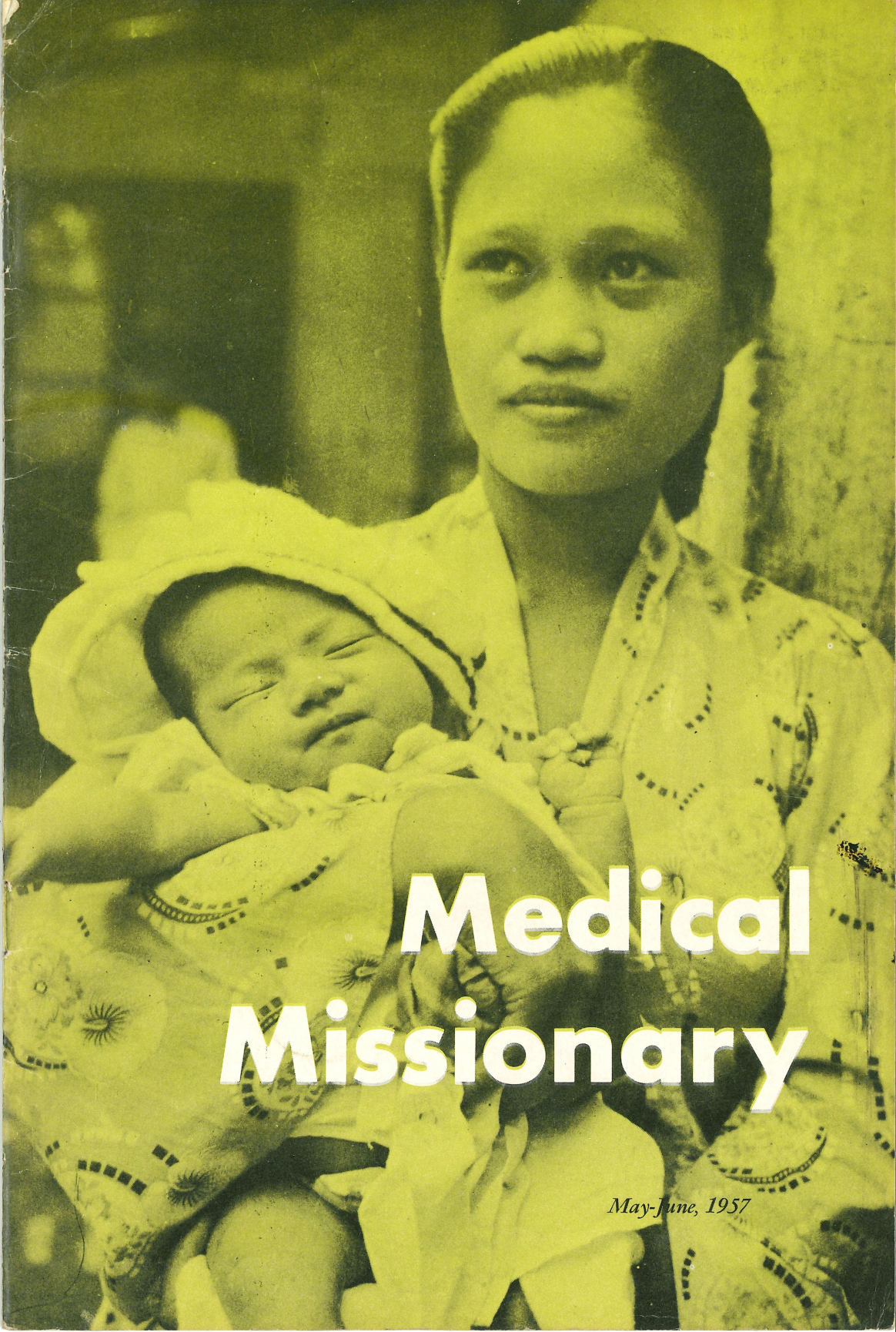


Medical Missionary

May-June, 1957

Published by the
MEDICAL MISSION SISTERS
Society of Catholic Medical Missionaries, Inc.
PHILADELPHIA 11, PA.
Vol. XXI, No. 3 May-June, 1957
Featuring—INDONESIA
Editor: Sr. M. Angelica
Art Editor, Sr. M. Lawrence; Business, Sr. M. Cabrini.

the medical missionary

THE REPUBLIC OF INDONESIA 65
Sr. M. Martha

INDONESIAN "PANTJA-SILA" 66
Sr. M. Angelica

FROM JAVA TO CELEBES 68
Mother Anna Dengel

TRAINING MIDWIVES IN MAKASSAR 73
Sr. M. Martha

KARTINI 77
Sr. Maria Fidelis

SICK CALL IN SURAKARTA 80
Sr. M. Paraclita

RED BOY 82
Sr. M. Jeannette

MISS PAULINE WILLIS 84
Mother Anna Dengel

FATHER OF THE JAVANESE CATHOLICS 86
Sr. M. Johanna

FOCUS ON YOU 90
Sr. M. Richard

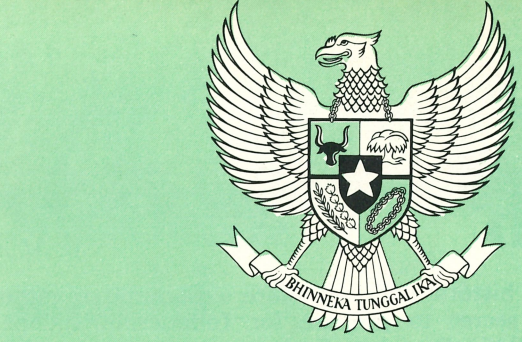
MEDICAL MISSION WORLD 95
Sr. M. Marion

The Medical Mission Sisters, founded in 1925 by Mother Anna Dengel, M.D., are a religious Congregation, dedicated to the care of the sick in the missions. The Sisters staff hospitals in India, Africa, Pakistan, Indonesia and South America. Motherhouse: 8400 Pine Rd., Philadelphia, Pa.

THE MEDICAL MISSIONARY IS PUBLISHED BI-MONTHLY WITH ECC. APPROBATION BY THE SOC. OF CATH. MEDICAL MISSIONARIES. SUBSCRIPTIONS, $2.00 PER YR., 2 YRS. $3.00; 5 YRS. $6.00. ENTERED AS 2ND CLASS MATTER SEPT. 11, 1928, at the POST OFFICE of PHILA., PA., under the ACT OF MARCH 3, 1879.

Photo credits:
P. 67: Pontifico Instituto Mission Estere, Milan; PP. 77, 78, Republic of Indonesia Information off; P. 80, W.H.-O.; P. 82, Dr. J. Oomen. P. 87, Three Lions.

Cover: Toradja mother and child, Celebes, Indonesia.



THE REPUBLIC OF INDONESIA

Sister M. Martha, R. N.

Indonesia is a fascinating country composed of big and small islands, the total number of which is not exactly known, but most likely there are about 3,000. The archipelago lies in South East Asia at the equator and, as Huizinga expresses it, winds around it like a girdle of emerald — for the islands are a most beautiful green from the tropical rains. Luscious vegetation abounds —extensive rice fields, high palm trees of many kinds, bamboo trees, high and low, in deep fertile soil. All the islands are bordered by lovely beaches, which give the impression of precious green stones set in gold, and all this reset in a deep blue sea.

The Islands of Indonesia are often called the Sunda-Isles, comprising the greater Sundas, namely: Java, Sumatra, Borneo, and Celebes, and the lesser Sundas, some world famous, as Bali, the beautiful island of Indonesian arts; and Flores, known as the most Catholic island. The population of Indonesia numbers nearly 80,000,000, of whom 90% are Muslim. There are about 2,000,000 Hindus, 4,000,000 Christians, 1,500,000 Buddhists, and 1,000,000 or more animists.

Indonesia became known to Europeans in the beginning of the 16th century, first to the Portuguese, afterwards to the Dutch. It became a Dutch colony in 1799 and remained so until the Japanese occupation in 1942, when all the Dutch were interned. After the Japanese capitulation in 1945, the nation declared itself free. It is now a Republic, with the central government in the capital, Djakarta, located in Java.

The Hindu religion was introduced into Indonesia before the Christian era; in the 13th to the 15th centuries, Islamism took the place of Hinduism. The Portuguese brought Catholicism — St. Francis Xavier preached at Ambon — but the conquering Dutch at one time suppressed all mission activity. Many are the martyrs who died for their religion. Only for the past 100 years has the Church had a chance to take deep root and to develop in Indonesian soil.

INDONESIAN PANTJA-SILA editorial

Sr. M. Angelica

In an historic address before a Committee gathered together in secret to prepare for Indonesian Independence (June 1, 1945) President Surkarno proposed the philosophy of the five principles or "Pantja-Sila" upon which the free Indonesia of the future would be built: These are briefly:

1. Belief in one God . . .
2. Nationalism — "all for all" not for one individual Island or district.
3. Representative Government
4. Social justice for all
5. Internationalism — one family of the nations of the world.

Three months later, Sukarno and Hatto (a fellow revolutionary) chose immediate independence, three days after the Japanese had surrendered to the allies in August 1945. They could have waited for independence to unfold slowly in the future — but they seized an opportunity they might never see again. For Sukarno, this was the culmination, one might say, of the work of a lifetime. Born 56 years ago, on the Island of Java of Muslim parents, his dream of a united free Indonesia was first conceived when as a boy he boarded with a political and muslim religious leader of that period. Already in 1927 when he was only 26 years old, a civil engineer, by profession, Sukarno helped found and became chairman of an association called "Partai Nasional Indonesia". He it was who gave them the slogan: "One people, one country, one language." His activities with this association stirred up the people so much that the Colonial government arrested him in 1929 and again in 1932 and this time exiled him to a prison island. Since all political books were forbidden him, he studied religion, especially his own.

The Japanese freed Sukarno and three other leaders, when they came into power. But for Sukarno, the man of one ideal, i.e., to form an Indonesian nation, this was but a stepping stone towards his own goal. Outwardly, he collaborated with the Japanese, employing whatever facilities he could to further independence. When the decisive moment arrived, Sukarno and Hatto were on hand to read and sign the Indonesian Declaration of Independence, to a group waiting outside his residence and then to the whole nation . . . over radio and telegraph. With this declaration the Pantja Sila, (five pillars) was also adopted. The people took it for their charter of rights — indeed it was one of the greatest democratic pronouncements of all history.

From the very beginning, Sukarno warned the people that to build a nation on these principles would mean "mutual cooperation and struggles of all kinds". He himself was prepared for many disillusionments.

And they came. Many of them were the normal trials and vicissitudes that could be expected of a young Republic composed of 3,000 far-flung Islands with a population of 80,000,000 — all with different, though colorful customs, languages, and cultural backgrounds. Until the Dutch came along and imposed some common laws among them, each had practically

no connection with the other. How to unify these many Islands? How to bring them under one head? Although all wanted freedom from Colonial rule, yet many wanted to be free of all rule except their own. Then there were those who were afraid that Java might get too powerful since it has two-thirds of the population of Indonesia. By proclaiming a representative government (Point IV, Pantja sila), Sukarno hoped to keep the Islands satisfied and justly represented. He also believed, in spite of some of the smaller Islands' claims to Federation that "Indonesia's right to national sovereignity is not for herself alone, but for the benefit of mankind, and the unity of her islands is essentially bound up with peace in the Pacific . . ."

In 1955 there were 40 political parties listed for the Indonesian elections (one of them the Catholic Party) . . . too many parties to win the needed two-thirds majority . . . Outstanding were the Nationalist Party demanding a form of government based on Pantja-sila, and the Darul Islam or orthodox Muslim party, demanding that Indonesia be declared an Islamic theocracy.

Sukarno faced other difficulties: the political government had changed overnight but the people soon realized that the social conditions had not. 99% were poor farmers and laborers, 85% of them illiterate. The 1% rich were still rich. The people now with the right to vote for the first time, looked to the government to better their conditions — and their grievances found fertile ground for Communist propaganda. A few years ago Sukarno had acted vigorously to wipe out the Communist party in Indonesia but they appeared again — having joined forces with the Nationalists coming back under a cloak of Democracy.

Sukarno, more than anyone else seems to realize that the fate of the country is dependent on its economic and industrial development. On Nov. 10th, 1955, when he opened the first Constituent Assembly of Indonesia at Bandung he warned the 520 members assembled: "Be quick, the people are impatient and their struggle will carry on with you if possible, but otherwise without you." He wanted them to bury the 40 different parties to unite on vital issues, to save the country from disunity. An appeal to other nations for help was answered by Russia alone who came to his aid by a loan of 100 million dollars at 2½% to push industrial output.

(Continued to Page 94)

His Holiness, Pope Pius XII received President Sukarno in solemn pontifical audience in July 1956. (right) His Minister of State and Sukarno's son.

From Java to the Celebes

Mother Anna Dengel

(Excerpts from Mother Dengel's Diary on a Visitation of our missions in Indonesia)

Djakarta, Java, April 7, 1951

We left Manila today at 7:00 a.m., flew over Madura and then to Java, which is the most highly populated and probably, also, the most extensively cultivated country in the world. The population is 52,500,000 now. It is four times the size of Holland. Sr. M. Fernande of the Jesus, Mary, Joseph Sisters from the Carolus Hospital met me. She is an Indo-European of Dutch and Javanese parents. She drives, and is the business manager of the hospital. She knows everybody and speaks English well. On Saturday, she drove me to the Ursuline Convent, where I had a letter to deliver. You should see the beautiful large schools the Sisters have here in Indonesia. As in India, they are full to the brim. People everywhere appreciate the teaching, discipline, moral training and refined atmosphere of the Sisters' schools.

Makassar, Celebes, Sunday, April 14

I set out early today for Makassar, Celebes and arrived there about 1:00 p.m. Sr. M. Paraclita, M.D., Sr. M. Pauline and Sr. M. Monica (all Sisters of our Dutch Province) met me. The drive to the city is quite long from the airport, at least three-quarters of an hour.

Celebes is very large, five and a half times the size of Holland. The population is six millions, perhaps more; the southern part, the more densely populated. The people are partly Moslem and Animistic and there are a number of Protestants and Catholics. It is a very interesting country with many varieties of people and interesting customs. For instance, the more old-fashioned women who come to our

Makassar—the 25,000th baby born at the clinic held by the father. Sr. M. Salome, M.D. holds their first child.

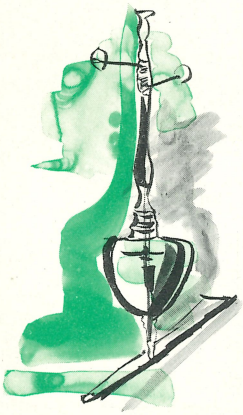
maternity clinic wear a nail and an onion in the back of their hair —that they and the child may be strong! The onion remains until it rots!

April 7th Today, we visited our two maternity clinics here in Makassar, Rumah Bersalin Katholik and Siti Fatima—each has a large out-patient department. One belongs to the government and one is private. A school of midwifery is connected with the government one—one hundred babies are born there each month. There are about 40 students in training just now from many different parts of Indonesia. 49 of our graduates are already working on different islands of Indonesia and in isolated places where there are no doctors. According to the Government Inspectress whom I met, they are not only doing well, but very well, which of course is a real joy to hear. Many students apply to the school who have to be refused because there is no room to house them.

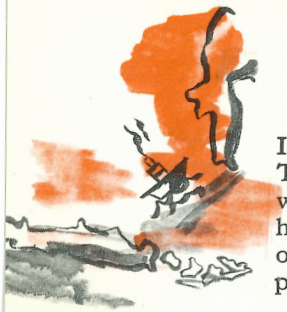
We have 11 sisters on the staff here. The work is well organized and exceptionally good records are kept. Makassar has about 350,000 inhabitants. The Sisters, in connection with the maternity centers do about one-third of all the deliveries in the city. Last year the 25,000th baby was born at the Maternity Center. In ten years that is quite a record. Until recently, this school of midwifery in Makassar was the only one in Celebes and the biggest one in the whole of Indonesia.

In the government clinic (Siti Fatima) run by the Sisters there are 40 beds. All normal cases are done by midwives but there are also two doctors on the staff. Once a week, four to five hundred sick and well babies are seen in the outpatient department. Mothers and babies are kept under close supervision for about two hours after delivery. Most of the women are Javanese or Chinese and wear the *Kain* (a tightly wrapped skirt) and *Kabaya* (long sleeved jacket), but Indian women and others also come. Most prefer women doctors.

Last evening the students and employees, of whom there are many, gave a wonderful entertainment. The students dressed in the costume of the particular region or



Toradja Princess (student midwife) in festive dress. Mother Dengel looking at beaded dress.



Island from which they come, Sumatra, Borneo, Ambon, Flores, Timor, etc. The employees are to a great extent from Toradja which is a territory toward the north of Celebes where they still have very strong and strange customs. They are a gay people, fond of music; they have bamboo flutes, large and small and are able to produce quite a concern with these home-made instruments.

The highlight of my stay in Makassar was the occasion of Sr. M. Judith's Perpetual Profession today. There was High Mass with three priests—Bishop Schneiders and two assistants.

April 10th This morning we went to see the leprosarium conducted by the Salvation Army. The patients have a bamboo band and play very well. They seem happy. We met the German doctor, Doctor Meyer. He said that there are about four German doctors in Celebes and 200 in all, in Indonesia. The Central Leprosy Institute, Djakarta, estimates 75,000 lepers in Indonesia, but many think that the figure should be much larger.

Pare-Pare, April 11th On Wednesday evening, Sr. M. Paraclita, M.D., and I went to Pare Pare by boat. The little trip was most enjoyable. The air was balmy, not hot, not cold, just soft and pleasant. A Chinese lady and a girl going to Borneo had meals with us—we could not say anything but we smiled and passed the dishes. We had a better appetite for the Javanese food than they did. We arrived in Pare Pare in the noon day heat. The bridge was not put out for some reason, so Sr. M. Paraclita and I jumped off the boat. We did not have very far to go but it took some real gymnastics.

The Sisters and Mr. Van Oosten, a very good friend, came to meet us and took us to our small maternity hospital. We were also shown the town of about 30,000.

Makassar, April 15th The foundation stone of the new hospital in Pare Pare was laid today after High Mass, and the honor was given to me. The whole Congregation came, altar boys leading with cross, lay people, we, the priest in cope. Fr. van Schie gave an address and asked the people to pray every day until the hospital would be finished. There were at least 100 people present. Catholics in Pare Pare number about 600 now. (Editor's note: The hospital was finished last December.)

We left right after the ceremony to return to Makassar. Mr. Van Oosten, a Catholic Dutch gen-

Pare Pare, Celebes
Mother Dengel lays the Foundation Stone of the new Hospital.

tleman who helps the Sisters with their building projects, took us in his car. We were part of a convoy of 17 cars and trucks guarded by soldiers because the area is infested with guerillas who hold up cars, loot, and take people for ransom. We met two trucks on the way that had travelled unguarded and had met this fate. Two priests, two doctors, and one European professor have been captured to teach and help the guerillas.

Normally, one can come from Pare Pare to Makassar in three hours by car. It took us five on account of moving more slowly with the convoy. In many parts the streets were lined with refugee camps—people coming from the hills for safety. We were glad to be back safe. It is a very important and interesting mission—quite different from any of the others we have.

Lawang, Java. April 19th Lawang is a beautiful spot in East Java, about 25 miles south of Surabaya. It is about 1500 feet above sea level which makes a real difference in temperature. It is the warmest season here now, but it is not hot and the nights are pleasantly cool.

I was surprised to see how many men and women here wear European clothing. I suppose it is simpler and cheaper. Typical of the Moslem men is a velvet cap whether they wear trousers or sarong. Many women wear the sarong-like garment, the Kain, and a nice blouse. One does not see little children in the sarong, they all have European style dress. The streets are full of rickshaws, bicycles, very graceful carts, trucks, cars — in other words, everything that East and West have. The East is very colorful, and the ancient indigenous ways involving hand labor are usually more picturesque even if not so practical to our eyes. In Java, as in India, one is confronted with an old and rich culture.

April 20th Our novitiate here is towards the outskirts of the city, on the highway to Malang, a city of 100,000. Opposite the house are the greenest of the green, terraced rice fields. The levees rise and rise to the foot of a fairly high mountain, which is green to the top, and the Sisters tell me at night one can see lights flicker even quite high up — which indicates that people are living there. Of course, the 52 millions in Java need every inch of their country.

The Community consists of Sr. M. Veronica, (Haak) the Superior and Novice Mistress, Sr. M. Cecilia, her assistant, Sr. M. Joseph, the Housekeeper, Srs. Regina and Alberta, the first two professed Javanese members of the community, five nov-

Lawang, Java
Indonesian novice receives Medical Mission Sisters' habit.

ices and two postulants. One of the postulants who is Chinese is a nurse; another, from Sumatra, is a midwife. It is grand to know that little by little, these Sisters will take up their share of work in their own country — which they love so much.

Surakarta, April 22nd Sunday afternoon, Sr. M. Veronica and the two senior novices drove me to Surabaya where I boarded the plane for Semarang. Sr. M. Edward and Sr. M. Johanna from our mission in Surakarta came to meet me. I had a full and interesting stay here at the Holy Family Clinic with our Sisters. Sister Edward is the Superior. There are seven other Sisters. At present the work is mostly maternity and child welfare work — 15 beds for mothers and a large ante and post natal clinic. (The building of a larger hospital has gone forward since then).

I called on the Bishop who resides in Semarang. He is an Indonesian Jesuit. He advised, "patience and more patience" in the face of setbacks. I could not stay in Surakarta very long due to the fact that I had to make a plane from Djakarta to Singapore and from there to Madras as this connection can be made only once a week.

I did get a chance to go into the Kampong behind our hospital in Surakarta. We walked along a canal and could see the houses, all set in thick foliage of banana and other trees. Some houses were of brick or stone but most of them were of wood or bamboo matting. We met one of the employees of the hospital who took us into her apartment. It consisted of one room with split bamboo walls. There were three other rooms in the house — all rented out as apartments — 12 people lived in the little thatched bamboo dwelling and the rents are high. There is a lot of disease, I was told—T.B., hookworm, rheumatism, typhoid, etc.

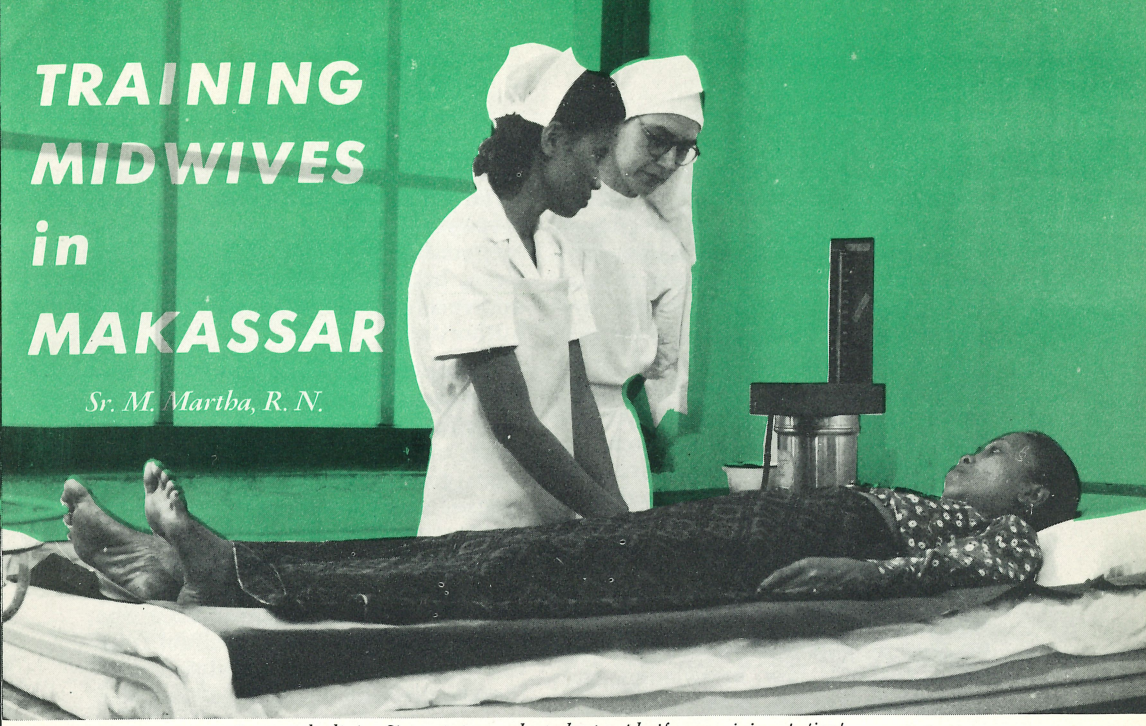
April 25th The plane for Madras, India, leaves at 7:30 a.m. The flight is scheduled to last six hours, flying non-stop at 15,000 feet. I am sorry to leave Indonesia so soon. I have really fallen in love with it. It is so beautiful and full of people—at least Java with its 52 millions. Many huge areas are still undeveloped on the other islands. In the villages the people are poor; the big cities are humming with business and traffic — swarming with people. One wonders where they all live. There is a great deal of opportunity for our work here, although there are many obstacles, too.

—MOTHER ANNA DENGEL, M.D.

His Excellency, Bishop Soegijapranata, S.J., Javanese bishop of Semerang, Java where Lawang is located.

TRAINING MIDWIVES in MAKASSAR

Sr. M. Martha, R. N.



Pre-natal clinic. Sister tutor and student midwife examining patient.

In 1947 Medical Mission Sisters of the Dutch Pro-Province were asked to come to East Indonesia. The end of the Japanese occupation had resulted in a certain amount of social disorder throughout the whole country. Immediately all services, educational and hygienic, were pooled into a government service, which tried its utmost to improve the situation. The missionaries, leaving the internment camp, had lost many a valiant member by death.

Thus we were offered by the government a unique opportunity to start an important medical mission project: maternity and child welfare care, together with the training of midwives.

A lay mission doctor had already started the job in Makassar. She had assembled candidates, ten plucky young girls, capable nurses, who had been given an irregular nurses training and far-reaching responsibilities by the Japanese, but who were painfully aware of their deficiency in theoretical and technical knowledge. However, their great desire was to become qualified midwives.

And we started: we had two maternity hospitals, we had hundreds of mothers earnestly asking for help, we had babies five a day — we had a Chinese woman doctor. And although we had no books and no technical aids and appliances, we made it. From the very beginning the curriculum of the training school had to be adapted to the needs of the country and the capacity of the students.

For the 75,000,000 people of Indonesia there were only 1200 doctors and 1500 midwives. The people of East Indonesia (islands stretching from 115° to 135° east and from 5° north to 12° south latitude!) were certainly the least privileged.

Maternal deaths — 7% in official registrations, 15% in other reliable estimates, even higher in certain rural areas — owed their high rate, among other factors, to inadequate

nutrition and chronic undermining diseases. Besides the small ratio of calories in their diet, it is the lack of proteins, fats, and vitamins, that plays havoc, while moreover beriberi, malaria, ankylostomiasis, together with occasional infectious diseases, contribute to their poor general condition. This weakness shows up especially during childbirth, often resulting in secondary hemorrhage for the mother, and sometimes death from exhaustion.

This is all the more serious because the ordinary assistant at childbirth is the *dukun* (untrained midwife). In primitive society the *dukun* was an essential person, held in great respect. Her knowledge and experience — in acts, exorcisms, aphorisms, ritual practices, were something a woman could not do without. We however, know the harm that can result from her terrible procedures — often she applies a massage that is fatal.

The *dukun* is also the person who cares for the new-born baby. The very high death-rate—20%—is to a certain extent due to the many customs which are a part of their ignorant ministrations and to their use of unclean instruments. We were convinced from the very beginning that Indonesia needed midwives trained according to modern standards and principles.

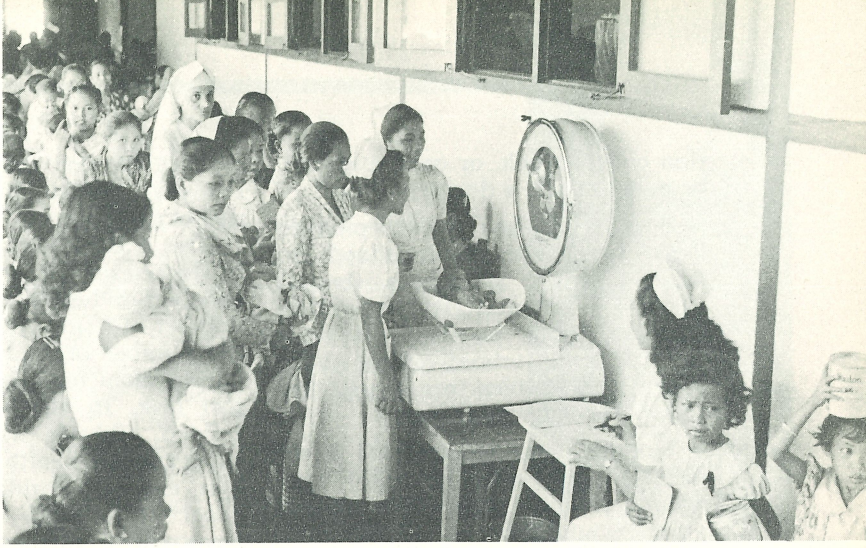
In our School for Midwives in Makassar the students are given solid theoretical and practical classes in obstetrics — both Physiological and pathological, in pediatrics, dietetics, laboratory and pharmacy techniques, and in organization and administration.

The result of the first two-year course of training was very promising. After having passed their state examination the young women graduates were able to conduct an antenatal clinic, an obstetrical practice, a baby clinic. They enjoyed the fullest confidence of mothers and relatives, both poor and distinguished, and received cooperation from local authorities.

Gradually, hand in hand with the extending Indonesian school system there has come a change in the standards of our aspiring midwives. Woman emancipation is on the increase: great numbers of girls enter high schools and colleges. These girls now present themselves at nurses' and midwives' schools. Since 1951 a second type of trainee has entered the Makassar school (22 widwives having graduated by then): girls of 18, who after their six years of elementary school have had at least four years of secondary schooling, without any medical knowledge, whereas the former students had been nurses. The ordinarry course had to be preceded by a preliminary one and by one year of general nursing.

Today in Indonesia it is clear that midwives have a huge task, as they have to implant in a more or less primitive society a set of customs that follow modern hygienic principles. They must understand the people and win their confidence. They must influence mothers and families, be on the watch for diseases, and do their main job: maternity work.

As a midwife in Celebes or in one of the small Sunda—or Maluku islands she will have to supervise the health of mothers and babies, and for this work she may stand alone —or be helped only by a nurse. She may have a small hospital with an outpatient department, she may go on rounds to nearby (or far-off) kampongs, either by bike or by car. At best she may have the consulta-



Baby clinic Sr. Maria Bernadette with typical young mothers of Makassar.

Siti Fatima, Infant Welfare Clinic Makassar. Crowds come each week.

Rumah Bersalin clinic. Doctor and nurse midwife examining babies and advising mothers.

tion once a week, or once a month, or even less, of a doctor on tour.

It is a justified tribute paid to East Indonesian womanhood to state that our graduates showed themselves devoted and trustworthy bearers of their privileges. By now our Makassar school, where every year 3700 babies are born, has trained over 65 midwives.

Indonesia has a birth rate of 40 per thousand with 3,000,000 children born each year. This number alone would demand 15,000 midwives, and there are only 1,500. To fill the gap the government has devised a new plan.

In the proposed program one midwife will supervise mother-and-child-care in an area of 25,000 people. Here she will be assisted by five assistant-midwives and five home-visitors. The latter are girls who after six years' elementary school are given a special one-year course, whereas the former have a two-year course (after six years' school) of practical widwifery.

This still means a big task ahead for Indonesia. The training of 15,000 assistant-midwives and an equal number of home-visitors, redoubling the number of midwives, and preparing them for a broad socio-medical task. In the future the fully trained midwife will be asked to supervise the health of mothers, babies, and also children. She will be expected to keep in contact with government medical officers, and with hygienic and medical organizations. This requires a specialized training—for instance more experience in pediatrics care of older children and training in the acceptance of social responsibility.

For our midwifery school these new demands present a far-reaching task—but we are ready for it. We know our students have the answer to the challenge and the need.

May They Rest in Peace

Please pray for our recently deceased benefactors and friends:

Rev. John Brogan, Reading, Pa.
Rev. Johann Gfoller, Tirol, Austria
Sr. Mary of the Sacred Heart, J.M.J. (Doctor Mary Glowrey, M.D.), Guntur, India
Miss Rebecca Clements, Phila., Pa.
Mrs. T. Donahur, Forest Hills, N.Y.
Mr. Daniel Donovan, Bristol, Conn.
Mr. J. Leo Faulkner, Phila., Pa.
Mr. Patrick Feeney, Clarksburg, W. Va.
Mrs. Grace Frugoli, Glen Cove, N.Y.
Mrs. Anne Helmstreit, Phila., Pa.
Mrs. Frank Kepic, Cleveland, Ohio
Dr. Mary Kidd, London, England (Pres. of the Eng. Medical Mission Committee)
Mrs. Erving A. Lang, Palo Alto, Cal.
Mrs. J. C. McMullen, Mountain View, California
Prof. A. Niedermeyer, Wien, Austria
Mr. Patrick J. O'Neill, Lima, Ohio
Mrs. Filippa Peralta, St. Julian's, Malta (Mother of Sr. M. Grace, SCMM)
Mr. Raymond Schnell, Patterson, N.J.
Col. J. R. Shand, Palo Alto, Cal.
Mr. Bernard F. Tully, South Ozone, New York.
Miss Pauline Willis, London, England (Formerly Boston, Mass.)

THE MEDICAL MISSIONARY
8400 Pine Road, Fox Chase, Philadelphia 11, Pa.

1 year $2.00
2 years $3.00
3 years $4.00
5 years $6.00

Please enter my subscription to THE MEDICAL MISSIONARY MAGAZINE for:

Name .....

Street .....

City ..... *Zone* ..... *State* .....

Through Darkness to the Light

Kartini

Kartini — Indonesian princess.

Sr. M. Fidelis, Ph. D.

In 1911 Mr. Abendanon, former Director of the Department of Education in Indonesia, published a booklet entitled: "Through Darkness to the Light". By this publication a young unknown Javanese woman, who had been dead for a couple of years, was brought to the attention of the general public: Radan Adju Kartini. This book, a collection of letters to understanding friends of hers in Java and in Holland, throws a clear light on her own struggle for personal freedom as well as on part of the laborious journey of Indonesian womanhood out of the darkness of subjection to ancient "adat" law (traditional Moslem law) into the light of individual responsibility in a quickly developing Eastern Society.

Born in 1879 at Majong, central Java, as a daughter of the noble Raden Mas Adipati Sasroningrat, native governor of Djapara, her life seemed to follow the common destiny of an aristocratic Javanese girl at the turn of the 19th century: school, home-life, marriage; a pattern sealed by age-long tradition. Those who judge by outer appearances only, might easily be mistaken and envy the Raden Adjeng and her sisters their life of leisure and hobbies behind the protecting walls of the kabupaten (governor's house). For a young woman however, who during her school days had been in contact with the Western way of thinking, with an ideal of personal development and of social responsibility, this "dolce far niente" was a daily torture.

For a girl, school-education was finished at the age of twelve; by then she was considered mature, the time of marriage was approaching, which meant that her outdoor-life had come to an end; the last few years of her girlhood were spent in the paternal home in a rather strict seclusion, until her father, elder brother or uncle had found a suitable bridegroom of the same rank, perhaps much older than she, perhaps already married, according to the possibilities of the Moslem law, invariably a stranger to her until the end of the wedding-party.

Although the Dutch government was willing to provide for a better education and declared again and again that all public schools founded by the Department of Education were also open for girls, "adat" strongly re-

jected coeducation for girls of marriageable age.

A foreign government can never impose measures, however salutary, that come into conflict with the age-old customs of marriage and family life of the indigenous people. The only way out is the way of gradual evolution: the reception of new progressive ideas by the young elements of the people. Only they are able to attune these ideas to their own community. Kartini knew that this was going to be her main task: to blaze the new path for new ideas, to fight a battle for a new future that she herself might never see.

Kartini's optimistic outlook never left her, not even in her darkest moments. It was inspired by a great faith in *Gusti Allah* (God), in His personal care of all His creatures, in His concern for the future of the Javanese people and with the little part she was playing in His designs. Her schooldays over too soon, she realized keenly the necessity of constant self-education; she tried to keep up with her studies, and this she managed with the unselfish aid of one of her brothers, who went to college in Semarang, and with the congenial help of some Dutch friends. With her artistic younger sister, Rukmini, she encouraged indigenous industries of high artistic value: the wood-carving of the famous wajang (Javanese stage) figures and the home-made batik-work (dyeing of cotton cloth in color designs, executed by coating with wax the parts not to be dyed).

In her personal conduct high culture went with great simplicity. She liked to be on more familiar terms with people than strict "adat" etiquette allowed; she loved to exchange ideas with people of "another world", Dutch officials and their wives, and people of lower rank. Her great idea was to go to Holland for university studies and then return to her own country: "not to make the Javanese into Europeans — but to give them, next to their own good qualities, the beautiful things of other nations; not in order to drive out their own, but to ennoble them".

In their years-long work among the people, a few higher officials of the Dutch Government had been in contact with their needs and desires. An attorney, former member of the

Home economics class, Indonesia.

Court of Justice in Djakarta, Mr. van Deventer, was a vigorous champion of the Indonesian cause. In a much discussed article entitled: "A Debt of Honor" (1899), he claimed that Holland had the serious moral duty to return to Indonesia millions used for Holland's prosperity, and that the former could not make a better restitution than by placing capital at the disposal of institutions and works aiming at the intellectual and material development of the Indonesian archipelago. He pointed out especially the need of medical care, of education, of irrigation, of a good road system, in short all those things that make for a prosperous community. This article opened the eyes of many people in Holland and in Indonesia and strongly pushed the Dutch government into the direction of the so-called "ethical policy".

Kartini now knew that she had powerful friends in Djakarta. Yet she realized that the development of Indonesian would be next-to-nothing if women did not play an important part. "I am strongly convinced that women can have a deep influence on our society. Educate the Javanese women, develop their hearts and minds, and you, friends of Java, will have found energetic fellow-workers to your noble, beautiful but gigantic task: the education, development, and elevation of our people." But education is impossible without good schools, especially good schools for girls. "Would it not be good to study the school-system in Holland? It might give me some good ideas," she asked Mr. Abendanon.

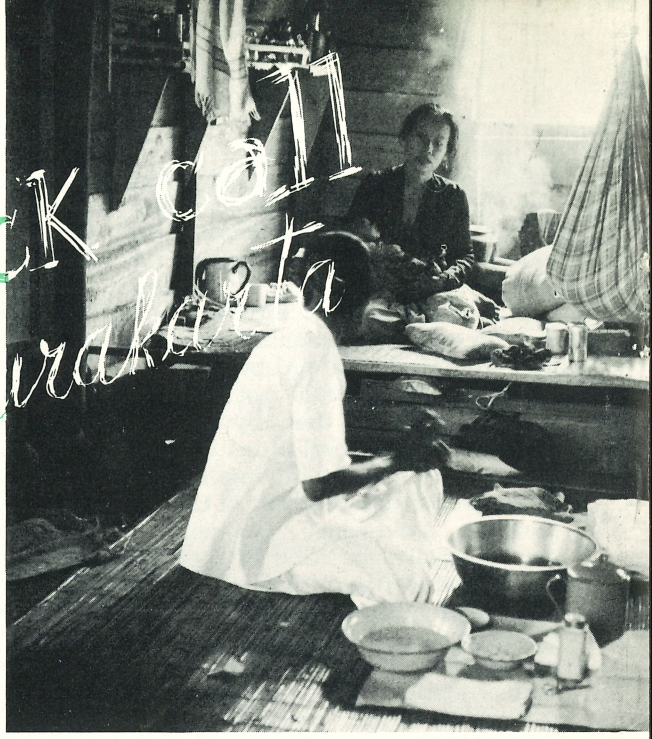
"Stay here, Kartini," he counseled, "you might lose your people. When you go to Holland and return within a couple of years, they will see a European woman in you and you will get nowhere."

She followed his advice. With his help she tried to win over the Indonesian government for her great dream: to open special schools for Indonesian girls and to start a teachers' college for daughters of indigenous governors. The government was willing to cooperate, but first of all wanted the advice of the native governors about her plans. The idea was strongly rejected by them; it was against the "adat" to give girls an education away from their homes. All her efforts seemed to have failed, but she did not give up. With the help of her sister she started a school for small village-girls: a first step in the direction of suitable education for women.

Her life in her father's house came to a sudden end. After a year she was asked in marriage by the governor of Rembang. It was a harmonious marriage from the very beginning: they were in entire agreement as to their ideals: the elevation of the Indonesian people and the proper education of womanhood. Kartini started another school in Rembang. A life full of activity seemed to unfold but came to an unexpected end. She died after a year, at the birth of her first child, 25 years old.

What she did not achieve during her life, was done after her death: modern schools for girls were opened in all parts of Indonesia. Mr. van Deventer in 1913 took the initiative for a "Kartini fund", which made it possible to establish schools for daughters of the native aristocracy. Progress had set in; nothing could stop its march. The Indonesian girl of our day is given almost the same opportunities as her Western sister: she can choose a teaching career or a technical education, she can go to college or to the university, she can devote herself to the development of her own people according to her talents.

Sick call in Surakarta



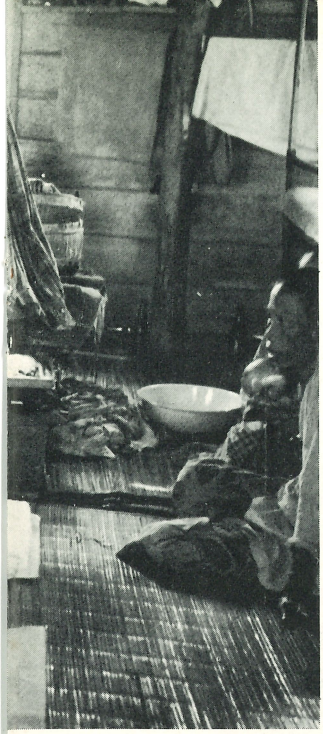
Indonesian home along the Kali (canal) awaiting Sister's visit

He came from afar (although he said it was nearby) and from a strange land, that Epiphany eve at 9 p.m.

At 4 o'clock a baby had been born. The mother was hemorrhaging and needed help. This little fellow came on bicycle to ask, *in Javanese,* the help of the "Ibu Rama", as we are generally called here. The note he had with him explained everything once more *in Indonesian,* and so I ventured to go there alone, for by this time I could manage to talk about diseases in Indonesian. The advantage of going alone lies in the use of a motor bicycle, which goes faster than an ordinary bike. Only—this evening the thing refused to work, and so I arrived at the cottage feeling pretty hot. Have you ever pedalled a motor-bike half an hour's distance, holding the clutch in one hand and a bag in the other? Soon we left the high road and the paths kept getting narrower. In the moonlight along a kali (canal), bordered by palmtrees you almost forget you are not on a pleasure trip. But half the kampong (village) squatting on the path before a hut reminded me of the seriousness of the situation.

I no longer bump my head against the doorpost, but to see anything for the first few minutes, by the light of two smoky floating wicks, is a thing I have not yet learned. Where had I landed? The kerosene lamp that was brought in told me! A rather low room with a cupboard and an ar bed of our people, genera four little legs, covered amben was only about on to be the father was seate the head of the mother, The child that had been b ered with the mother's sa inspect the baby's conditi child, the first son. My goo They were prepared to *dunkun* (native midwife), quired as not to offend he room. This seemed to ind hopeless, for I was treat flew at my biding and th utes a bowl of steaming w Unfortunately there was then first wrapped up the been cared for, and put hi a cover for him? Oh, the had to serve for that. I there really was nothing. hold the baby as I thou most heat.

Now the mother. The li ing her color, but her puls



nben. The latter is the usual
lly consisting of planks on
by a mat. This particular
e foot high. The man I took
d on it. On his knees rested
who was lying on the floor.
orn that afternoon was cov-
rong. My first work was to
on. Cold, but lively. A third
dness, what fear of losing it!
lo anything I wanted. The
about whose presence I in-
, had withdrawn into a back
cate that the situation was
d as a saving angel. They
is it was that in a few min-
ater was standing before me.
no cold water available. I
baby, who had meanwhile
n in a safe place. Where was
mother's shawl and blouse
looked into the cupboard;
chose the fattest woman to
ght she would give out the

ght did not permit my see-
e told me enough. We laid

her down on the side of the amben. With the father—for moral support—at the head of the bed, and a woman on either side as assistants, I could give my undivided attention to her. That she must be bled out could be seen from the fact that not a drop of blood appeared during my treatment. When I finished, the woman was quickly placed comfortably on the bed, and—there was nothing warm with which to cover her. When I glanced around I saw only a big rat, which had nestled sympathetically next to the kerosene lamp on the cupboard.

Too bad that I had no anti biotics in my obstetrical bag (now they are in;). "Be sure to come tomorrow morning to get medicine, won't you, and may I take the baby along now?" I had been thinking of wrapping him in the plastic apron and taking him along in a slendang (shoulder-shawl). Then you keep your hands free and the baby doesn't get in a draught.

Everybody was for it, but the mother spoke the only word I heard her say, and that was "moh". So it could not be done. Meanwhile they had been taking up a collection. The small handful of money that was given me I handed back to an Indonesian-speaking woman with the remark that she must buy clothes for the baby with it. Whatever on me that was still clean was then stroked dirty. In the few languages I know and the many I still want to learn I heard myself thanked—and I had gained their confidence. I could now tell them that they must hold the baby in the water, (which by now had somewhat cooled down), until he was warm through, then dry him with a towel from the neighbors, and wrap him up warmly.

I left and was accompanied to the high road. The next day—no callers from the kampong for medicine, and there was no chance of any of us getting to the little house. But yesterday—the last visitor at the clinic was a very pale woman with a bandage round her head which indicates a bad headache.—It was the anemic, little woman, beaming all over. The baby was well, and she had lost no more blood, but she was very *pusing* (dizzy), and a little feverish. Of course it was a day late, but she got a dose of everything, among other things a combined preparation of iron, liver, and all kinds of possible and impossible vitamins which had just arrived in a box of medicine we had received as a present.

My little anemic woman will make it this time—Deo Gratias! Next time, she will come for pre-natal care — so the work goes forward in God's good time.

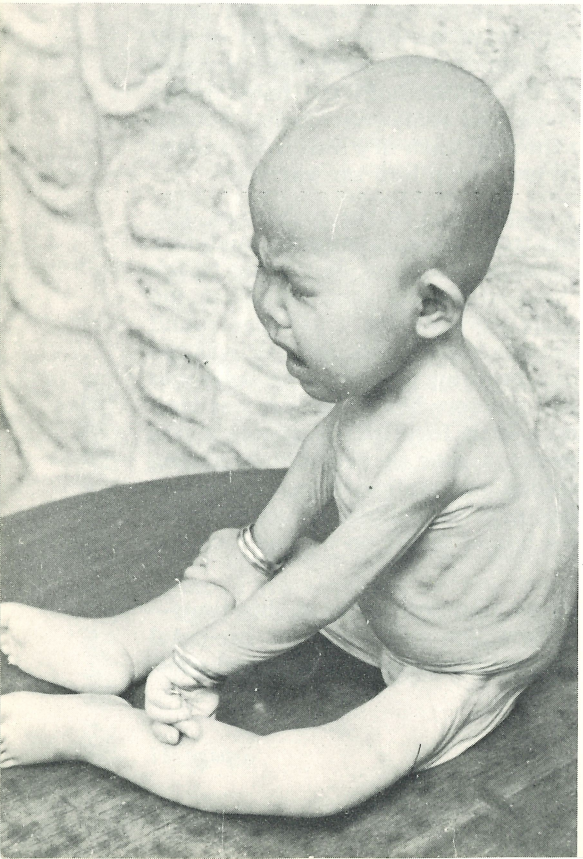
Kwashiorkor-The Dangerous Second Year

Sister M. Jeannette, M. D.

Red Boy

Little Hatidja, one and one-half years old, suffered from Kwashiorkor — Malignant Malnutrition. We met her in a little village in Celebes, where her parents brought her to the dispensary. She had been ill for some months. First she had no appetite, she grew weak and thin. The last two weeks she also had photophobia, she kept her eyes closed in the bright daylight and preferred to sit in a dark corner. Instead of loudly protesting against examination at the clinic, like other children, Hatidja showed her resentment only by a faint moaning. She was too weak to stand up straight and had to support herself by holding on to her legs when she wanted to sit. Her body was extremely thin, and looked as if all the muscles had vanished and the skin had grown rough. She had a potbelly and her face and legs were swollen with edema. The child was too small for her age and weighed only 11.5 lbs. Her scanty hair was dry and red-brown in color. Her skin was also of a lighter shade than was to be expected of a child of native-born Indonesian parents. Poor child, the corneae of her eyes had lost their shine, and there was an ulcer on one of them. This keratomalacia is caused by a deficiency of vitamin A.

Hatidja had been breastfed until her seventh month, but then it was stopped because her mother had a new pregnancy. For months the child's diet consisted mainly of rice with some vegetables and bananas. They were not poor people. The family regularly ate meat and fish which, however, Hatidja did not



Little Hatidja suffered from Kwashiorkor.

touch. Her appetite grew less and less and at last she only wanted to eat dry, cooked rice.

This was a very insufficient diet. There was not only a lack of proteins but, as could be concluded from the keratomalacia, also of vitamin A. The internal organs had also suffered from the malnutrition. Her liver was enlarged and showed a fatty degeneration. The mucosa of the small intestines was atrophied and the distended bowels, which the weak abdominal muscles could not support, protruded, giving the child a pot-belly. The debilitated pancreas secreted ferments far too insufficient to digest even the few nutrients she received.

This is a very dangerous state. We informed the parents about the seriousness of the situation, and assured them that they could only hope for the child's recovery if she would be admitted into the hospital. It was a difficult decision for them. The hospital was about fifty miles away from their village. The mother could not stay with her child because of a two-months old baby who needed her at home. After some discussion they permitted us to take the child to the hospital. This was a proof of great confidence in modern medical science, a confidence which is generally found in the more developed parts of Indonesia. Still this trust made us a bit uneasy, because if anything should suddenly happen to the child, it was very difficult to get a message to the parents. After having discussed this matter with them, we took Hatidja with us in the jeep to the hospital. There she was treated with a diet rich in proteins of which skim milk was the most important factor (whole milk is too fat for the patients). With some vitamin A injections, her eyes were shining brightly again within a week, and only a small opaque spot on one cornea marked the place where the ulcer had been.

Further recovery still held off. The edema even increased. The child lay in her bed, peevish and apathetic, and resented being handled. After a fortnight, when the father came to visit her, we still could not give him much hope. But in the third week the edema gradually decreased and the child grew more active. Only when we saw her smiling for the first time, did we know she was definitely on the way to recovery. After more than two months Hatidja could go home, still a bit thin, but as she was now accustomed to a better diet, which her parents promised to continue, we trusted that she would regain strength at home.

A child born in a tropical country is exposed to many dangers in its first years of life. As a baby it is menaced by many infectious diseases. The infant mortality is very high; in some countries one out of every three children die before it is one year old. After this first year the child enters another dangerous period when it is weaned and has to get accustomed to ordinary food. In this transitional period many children don't get sufficient proteins. European toddlers get their proteins for the greater part from cow's milk, but in the tropics, milk is obtainable only in preserved form and is much too expensive for the majority of people.

The name "kwashiorkor" comes from Africa, and means "red boy" from the reddish hair of the patients. These children have very little resistance against malaria, tuberculosis, dysentery, and other infectious diseases. Mortality is high. Of the children who survive, several are blind because of the keratomalacia and most of them have to go through life with a damaged liver.

The occurrence of kwashiorkor in Indonesia is less due to poverty than to igorance. This can be combated by instruction. The best place for this instruction is undoubtedly the maternity and child-welfare center. The mothers should be taught how to eat properly during pregnancy and lactation, in order to give birth to healthy children and to have sufficient milk for them. They should know when their babies need additional food and that this food should not only include the necessary vitamins but also be rich in protein. Beans and peas are easy to get in most places; the children like them in a porridge with rice.

The young mothers are very grateful pupils. They return regularly with their children for check-ups. Our welfare center in Makassar cares for about 3000-3500 babies a year. It is a pity that there are still so few of these centers for such a large population. (Indonesia has 75,000,000 inhabitants). This is caused by the lack of trained personnel. The women's organizations are a great help in encouraging young mothers to visit the welfare centers. They are found everywhere, even in the remotest islands.

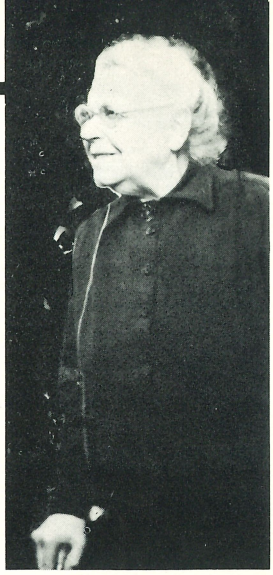
Meanwhile, we Medical Mission Sisters are glad to lend a hand in this campaign with our mother-and-child-welfare centers, and especially by training of Indonesian midwives the most suitable persons to instruct young mothers among their own people.

MISS

On May 8th a cable from our London house brought us the news of the death of Miss Pauline Willis on the previous day. In a few months she would have been 87 years old. We can in all truth call her our first friend and benefactor. Fifty years ago she was part of the nucleus of the Medical Mission Committee founded by Dr. Agnes McLaren and typically assumed the duty of secretary. From then on, *Medical Missions* was the principal one of her many charities. In season and out-of-season, she never missed an opportunity to promote and help the cause. She became so to say our foster mother. In her humble, unassuming way, looking on every service she rendered as a privilege, she never realized herself the great role she played in our Society.

When Dr. McLaren suggested that I study medicine in an English speaking country as being more practical for medical practice in India, Miss Willis at once spontaneously offered a scholarship. When after 7 years I was ready to sail, she made all travel arrangements and saw me off to the boat like a fond parent. When I returned several years later, I was her guest in her delightful cottage in Winchcombe, Gloucestershire in the picturesque Cotswold Hills. While there I mentioned the idea of going to America to plead the needs of the women and children whose suffering I had seen in India. No sooner had I expressed what really was only a vague inspiration, she answered: "I go with you." Being a Bostonian and realizing that I did not know anybody in America, she felt she could introduce me. Actually I doubt if I would have gone to America without Miss Willis. With her, thought and action was one.

PAULINE WILLIS



Mother Anna Dengel, M.D.

Without delay, letters flew to America, tickets were obtained and in October, 1924, we landed—two lay women on a serious missionary errand. For six weeks, Miss Willis went up and down with me between New York and Boston for interviews and talks. As she knew Cardinal O'Connell personally, I had the privilege to be introduced to him and as she had been educated at the Sacred Convent in Elmhurst, Providence, R.I., every Sacred Heart Convent was an open sesame to her and for her sake to me from then on. I could mention many more but space does not permit.

When the Society came into being, she was overjoyed and in spite of the slow progress in the early days, she never wavered in her confidence in us. It was only natural that she wanted to see us established in England and made it possible in 1932 by helping us to purchase a house in Osterley, a lovely quiet district in the outskirts of London. The ecclesiastical permission was easily obtained as Cardinal Bourne had personally known Dr. McLaren and esteemed her highly and was fully in favor of her endeavors for hospitals in the missions.

However as great and as many-sided as her material help to us was, her friendship and example were above every price. Pauline Willis was well known in Catholic circles in London and beyond. Her personality was unique, very simple, very direct, impulsive, totally selfless, ready at any moment to render a service, to give up her time and convenience. Although a lady of means, she lived frugally and reduced herself more and more to bare necessities to give and give more. She harbored the harborless, she spread the faith by her Catholic library in Victoria, transferred later to Kensington. She was touchingly loyal to friends and relatives and to her beloved country America, the citizenship she never gave up in spite of her half century residence in England. She was grateful for the least attention or little service rendered and never forgot it, although she herself was oblivious of what she had done for others. She was always optimistic and had the best opinion of others. She was like Nathaniel completely without guile. She was an Apostle without knowing it, she had the faith that moves mountains. "The good works" were her life; the Church and everything about it were her deep concern and the missions specially so. She was a Convert and cherished the faith and wanted to share it. She was devout in the strong sense of the word. She prayed and lived what she prayed. During the frightening air raids, she sat quietly in her chair, Rosary in hand. It gave her peace, courage and confidence. She was a woman of faith.

To have known a person of the type of Miss Willis intimately is the rare privilege and grace of having known somebody totally selfless, totally sincere, totally charitable, totally unconscious of her goodness.

If we had gone in search of a friend and benefactor from one end of the world to the other, we could not have found a better one than Pauline. We can never be grateful enough for the gift of such a friend.

Her works will follow her. We need her prayers more than she needs ours, but still we pray that she and all her family may rest in peace.

Father of the Javanese Catholics

FRANCIS VAN LITH, S. J.

Sr. M. Johanna, M. T.

About the turn of the century Indonesia numbered only 45,000 Catholic Indonesians. (Today they have passed the 1,000,000 mark). The main center of the missions lay in Flores with more than half of them. It was a remarkable fact that in contrast with the relatively strong expansion of the missions in the Outer Provinces, the people of Java itself had been passed by, whereas the colonizing Netherlands had been quick enough to notice the intelligence and capacity of the Javanese.

Among the Javanese, we class the people of Central Java, the greater part of East — and a small part of West Java. They are registered as Islamites. Islamism though widely spread by measures of government and administration, has not penetrated the Javanese soul as much as its own old custom and laws. By overestimating the fore of Islamism and its influence on the people many officials overlooked the strength of the Javanese culture itself with its rich tradition, strong *"adat"* (ancestral customs) and solid social life.

To a Jesuit Father, Francis Van Lith, who came to Java in 1896, goes the credit to have gauged the real religious spirit of the Javanese. He proved that the Javanese soul is less guided by Islamism than by their devotedness to Javanese *adat*. Only after long hard years of prayer, research, and orientation, did this latter conviction become very strong within him. He studied everything he could find, he learned the Javanese language, characterized by its social distinctions. The different languages Ngoko, Kromo, Kromo Inggil, (with Madyo and Kromo dusun in addition) are used respectively towards lower and higher people, and when speaking about very high personages. The Javanese literature is old and rich, and like the "Wajang" theatre, woven closely into the ancestors' cult. These and the study of "Gamelan" music and the Javanese arts Father Van Lith rated very highly. He also engaged in daily informal talks with the Javanese in their villages. "He has slept with me on the same amben a man remembered proudly many years later.

Knowledge is treasured highly by the Javanese. Father Van Lith saw clearly that it was a matter of life and death for the missions to take part in the education of Youth. Instead of working to set up elementary schools everywhere with the little funds and personnel he had available (which method had been tried and failed) he capitalized on the overall shortage of teachers. He therefore concentrated all his efforts and energies on a few first rate teachers training Institutes, so that the Public Schools were more and more staffed by teachers of his institutes, and converts followed from their fine example and zeal.

His first training college for teachers was founded at Moentilan. This was the beginning of the great

educational system that bears his name. He unceasingly taught his boys to be fine cultured Javanese and also that they themselves should carry the responsibility for the spiritual and temporal welfare of their own people.

Father Van Lith's mission method was therefore based on the application of two great principles: adaptation and formation of leaders. That it was successful can be gauged from the convert movement it began among the Javanese. His first class of 170 were baptized at a lovely well, high up in the mountains of Java, near Jokakarta. Today it is still known as "Baptism Well." His students have never been accused of having placed themselves outside the people's life, and they played an active role in the development of their country.

When the Franciscan Sisters of Penance and Charity adopted a similar school system for girls, many Moentilan boys married girls of the Sisters' school. "Mendoet-day" they called the day when the boys of Moentilan went to Mendoet to make the acquaintance of good Catholic girls. From these families came many Javanese religious vocations.

When Father Van Lith's conception of a training school for national leaders was opposed by the Dutch government, he replaced it by a far more reaching project: the education of Javanese priests. Sad to say, he did not get much assistance from his Superiors when he first conceived the idea. How could a boy who had been converted from Islamism prove to be material for the priesthood?

Once more his conviction guided him. He knew that this thought had inspired more than one boy: "Be worthy co-heirs with Jesus Christ. Bear your own responsibilities". The results — again — have proved him in the right. This first generation of his school-boys has given good and zealous priests to the Church. In the great crucial test which came in 1943 when all the Dutch missionaries were interned by the Japanese, these Javanese priests, guided by their Bishop Soegijapranata, S.J., who was from their own ranks, guided the young Church safely through the war years and kept the mission going. 100 Javanese priests and 2 Javanese Bishops are a testimony to Father Van Lith's rare insight and optimism. Today, it is not only the flourishing Java Mission, but, also Indonesia at large that owes gratitude to the "Father of the Javanese."

A man plays one instrument of the Gamelon orchestra.

He who shall meditate on the law of the Lord,
day and night, shall bring forth his fruit
in due season. (Ps. I.)

The missionary must be
a lover of God's word.
His vocation is to declare
among the Gentiles
that the Lord reigns.
He speaks God's word
not so much by what he says
as by what he is.
He himself must become
a living word,
a gospel in action,
that God's word may run
and be glorified,
He lets his light shine
that other men may see
what God means when He says:
"I have compassion on all flesh".

And so he meditates,
day and night,
these pure words of God
become his inheritance
in the land of the living,
tasting himself
their honeyed-sweetness,
experiencing himself
their enduring truth.

Sister M. Gerard

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Please send me literature about becoming a Medical Mission Sister. I understand that this does not bind me in any way.

Name .....

Street .....

City ..... *Zone*..... *State*.....

focus on: YOU

Sr. M. Richard

Exile doesn't make the missionary. Every Catholic can lay claim to the title by virtue of his reception of the Sacrament of Confirmation.

Baptism makes us members of the Church; Confirmation gives us a share in the work of the Church. It challenges us to become witnesses—men and women who bear testimony by our words and works, by the very life we live that we believe what we profess. Guided by the Holy Spirit who comes to us in a special manner, we acknowledge with new conviction, the truths of our Faith. We see ourselves as members of the true Church, Christ's Church, the one Church which seeks to incorporate all men within the true fold. We recognize the obligation of those "who have" towards those "who have not" the Way, the Truth and the Life.

Confirmation offers us the grace to convert our weakness into a firm faith which motivates our actions, to change our vacillating hope into a deep conviction, to transform our lukewarm charity into a love which causes us both joy and pain. Pain because Christ is not known and loved by all He redeemed; joy because He gives us the opportunity to bring Him to others by the power of our prayers, the efforts of our sacrifice, the force of our example.

Christ no longer walks the earth teaching and touching the hearts of men. He wills that others, His followers, should continue what He began. He wills that men should come to Him through other men. God, in His Infinite Wisdom, wills us to be other Christs, to think and act and live as did His own Son. With the "mind of Christ" we are to look upon men, each one the possessor of an immortal soul, a soul redeemed by the blood of God's Son, a soul dependent in some measure upon our own response to grace.

To belong to the Church, to be a Christian and not care about the woman next door, the African in the Congo, the sinners of the world, the would-be saints, the people who will die this day, the babies beginning life, to be a Christian and not care, this is contrary to the love we say we have for Christ. At the time of our reception of the Sacrament of Confirmation, God the Holy Spirit came to strengthen us and give us the courage to be truly Christian. Confirmation made us missionaries, Catholics anxious to unite all men to their Saviour, Christ.

The greatest obstacle to the conversion of the world is the scandal of those whose lives do not correspond with their name—Christian.

"May the Lord kindle within us the fire of His love and the flame of everlasting Charity. Amen"

YOUR WILL . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $_____ for its purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

United States

Motherhouse & Novitiate
PHILADELPHIA, PA.

Houses of Studies
WASHINGTON, D. C.
ST. LOUIS, MO.

Postulate
MOUNTAIN VIEW, CALIF.

Clinics
SANTA FE, NEW MEXICO
ATLANTA, GEORGIA

India

Hospitals
PATNA
MANDAR
NEW DELHI
BOMBAY
KODARMA
BHARANANGANAM
THURUTHIPURAM
CHANGANACHERRY

Novitiates
POONA
KOTTAYAM

Pakistan

Hospitals
RAWALPINDI
KARACHI
DACCA
MYMENSINGH

Indonesia

Hospitals
SURAKARTA
MAKASSAR
PARE PARE

Novitiate
LAWANG

Holland

Pro-Provincialate
Novitiate
HEERLEN

House of Study
UTRECHT

South America

Hospitals
CARIPITO
MARACAIBO

Africa

Hospitals
BEREKUM
KOKOFU
TECHIMAN
WELKOM

England

Novitiate
SOUTH SHIELDS

House of Study
OSTERLEY

NEWS FROM OUR HOUSES...

Africa

Congo Calling

The biggest event in March was the arrival of our Dutch Sisters in Belgian Congo to open up a new mission among the Ekonda tribes people (pygmies) at Pendjwa (Kiri territory) near Leopoldville. At St. Joseph's parish in Leopoldville, the Sisters were officially welcomed, on March 24th, by some members of the tribe who live and work in the city. One of them was the university student, Josef Lyandza who had first written to ask for help for his dying tribe. There is only one doctor among these people, and much sickness and a high mortality, especially among mothers and infants.

The Departure ceremony for the "Congo Pioneers" was held at St. Pancras Church, Heerlen, Holland, after the First Friday Evening Mass, March first. The dean of Heerlen, Msgr. Bem-

Departure Ceremony, for Congo Mission, Heerlen, Holland. Sr. M. Gulielma receives the mission cross from Msgr. Bemmelmans.

melmans celebrated the Holy Mass and presided at the ceremony. The Rev. P. Wessling, C.Ss.R. gave the sermon. The first two Sisters, Sr. M. Gulielma and Sr. Maria Barbara, sailed for the Congo on the second of March. They spent Holy Week and Easter with the Holy Child Jesus Sisters at Inongo, and later Sr. M. Christina and Sr. Maria Jacinta joined them. The Sisters will start with a small maternity hospital and will eventually open a school of midwifery for African nurses.

Good Postman

"We are still receiving letters addressed to us as 'Whole Family Hospital', 'Holly Family Hospital', and today one came addressed to 'Happy Family Hospital.' The last one is best suited to us. The patients all seem so happy."

Sr. M. Paula, R.N., Techiman, Ghana

India

Cheese Party

"We received quite a few cases of cheese for distribution through N.C. W. C. Everyone said, 'The people will never eat it. They are not familiar with it down here.' Most of them lack necessary protein, so we tried. On Wednesdays we have a free prenatal clinic. First we explained to our mothers what cheese really is—a product of milk, etc. Then we had some curry and rice cooked for them, and dissolved a piece of cheese into it—and all tried a helping. Out of 31 patients attending that afternoon, 29 asked for a cheese-ticket. Twice a week we can give them each a piece of cheese.

Sr. M. Stephanie, Thuruthipuram, South India

Pakistan

1,000th Baby

"It's 120 degrees here right now. Did we tell you we had the 1,000th baby born in the hospital last January? The cherub made the headlines. His mother is a lovely Muslim girl of 15 years. We gave the babe a full layette, and it was a bit incongruous to see the Pakistani brown cheeks and gorgeous dark eyes glittering in a bundle of pastel blue blanket—a gift from a sewing group in America."

Sr. M. Joanna, Karachi, W. Pakistan

Im. Heart of Mary Hospital, South India, took a big step forward when they opened their own school of midwifery, with one of their own sisters, Sr. Thomas Cabrini, Sister tutor, teaching her own Sisters.

American Delicacy

"The other day I was having a conversation with my Bengali teacher. He had asked me to talk about food. I thought I was saying that in America, some people liked pork cooked with cabbage. Only I used the word for 'dog' instead of 'pig'. The worst of it was that the Bengali teacher thought I meant what I said, since he had heard that people in the U.S. eat rattlesnake steak, so he figured that dog meat must be another one of our unusual delicacies.

Sr. M. Christine, M.D., Dacca, E.Pak.

Philadelphia

Postulants Receive the Habit

On June Eighth, the Eve of Pentecost, 32 postulants received the grey habit of the Society and the white veil of a novice. The ceremony was performed by the Rev. Martin J. McDonough of the Propagation of the Faith, and the Rev. John J. Brady, S.J. gave the sermon. The Reception of the habit usually takes place in August, but because of our housing shortage we had to have the postulants enter earlier.

June Graduates

Thirteen may be an unlucky number for some people but for us it is a providentally very lucky one since it is the number of our June Graduates.

Thirteen more Sisters ready for mission work—1 doctor of medicine, 6 nurses, 1 medical technician, 1 dietician, 2 x-ray technicians, 1 hospital account, and 1 teacher for our own novices. All are most grateful for those who helped to make their studies possible.

Karachi, West Pakistan. Sr. M. Joanna in children's ward, Holy Family Hospital.

LEAGUE OF GRATITUDE

Three-fold Purpose: *to thank God for the priceless gift of FAITH*
to help bring that gift to those in mission lands
to share in all the works, prayers and sacrifices
of the Medical Mission Sisters throughout the world.

Dear Mother Dengel,

I want to become a member of your LEAGUE OF GRATITUDE. As long as I can I will send one dollar or more a month. Please send me a monthly reminder.*

Name .....

Street .....

City ..... *Zone*..... *State*.....

(**May be changed or discontinued at any time.*)

His Excellency, the Most Rev. Archbishop Cushing presented Mother Anna Dengel, M.D. with the St. Luke's Physicians' Guild award at the Guilds's Laetare Dinner, March 31st, in Boston. Reverend Michael Walsh, S.J., guild chaplain, and Dr. Charles J. E. Kickham, president witnessed the presentation.

June Graduates

Sr. M. Virginia, M.D., Georgetown University, Washington, D.C.
Sr. M. Gertrude, B.S. Nursing, University of San Francisco, Cal.
Sr. M. Laura, B.S. Nursing St. Louis University, St. Louis, Mo.
Sr. M. Louis, B.S. Dietetics, College of St. Teresa, Winona, Minn.
Sr. M. Berchmans, B.S. in Commerce Univ. of St. Louis, St. Louis, Mo.
Sr. M. Fabian, A.B. in Philosophy, Chestnut Hill College, Phila., Pa.
Sr. M. Bernarda, B.S. in Medical Technology, University of St. Louis.
Sr. M. Janet, Graduate of Misericordia Hospital School of Nursing, Philadelphia, Pa.
Sr. M. Stella, Sr. M. Bernardine, and Sr. M. Annette, Graduates of St. Francis Hospital School of Nursing Trenton, New Jersey.
Sr. M. Thomasina, and Sr. M. Ronald, Graduates of Nazareth Hospital Sch. of x-ray technology, Phila., Pa.
Sr. Joseph Marie, R.N., graduate of Nazareth Hospital School of anesthesiology Philadelphia, Pa.

INDONESIAN "PANTJA-SILA"

(Continued from Page 67)

Just where is Sukarno heading today? Who can tell? Many criticize him for wanting to take Communists into the government at present. Perhaps like Nehru he feels it is better to have them working out in the open, than underground where you do not know just how much they are doing. We can only say that in the past Sukarno has worked with sincere conviction in the interest of the world as well as Indonesia's interests. If Sukarno would continue to base the future of Indonesia on the Pantja-Sila, or five principles of Democracy, and if the peoples of Indonesia would unite with him using these principles as a guide,— they could still, we feel sure, put down the efforts of international communism to pervert Asia's liberating movement to his own sinister purposes.

Mark The Dates:

MOTHERHOUSE JUNE LAWN FETE: 27–28–29th

(On Novitiate Grounds)

Novelties, linens, saleable goods of all kinds will be gratefully received.
Deliver to 8400 *Pine Road, Philadelphia, Pa.*

medical mission world

Sr. M. Marion, B.S., M.T.

Leprosy Vaccine

Despite limited means the Laboratory for Research on Leprosy at Lyons has been able to send out 300,000 doses of the Anti-Leprosy Vaccine and Antigen Marianum made by Sister M. Suzanne, S.M.S. M. The medicines are sent free of charge to those who ask for them, and have proved to be about 75% effective both in prevention and cure of leprosy. The Laboratory was founded in 1942 by the Society for the Propagation of the Faith.

International Fides Service
March 2, 1957

Aid for Indonesia

To augment Indonesia's one doctor for 59,000 persons, physicians from Holland, Germany, Austria, France, and Italy have been serving there. Recently the Philippines has offered to send a number of doctors, and Australia has offered training facilities for Indonesian nurses.

The Asian Student
Jan. 15, 1957

Maternal and Child Health

Only one-fifth of the world population has an infant mortality less than 50 deaths per 1000 infants, whereas three-fifths has a rate of more than 100 per 1000. The high rate in under-developed countries is chiefly due to causes that are readily preventable. When these have been corrected, maternal and child health in the latter countries will not necessarily be at a disadvantage. This health program goes far beyond methods for preventing death and illness, and aims simultaneously at the stimulation of the harmonious growth and development of the child. This is effected more readily and easily in those countries which lack the stress and conflicts of the West.

American Journal of Public Health
Jan. 1956

Philippine Heroine

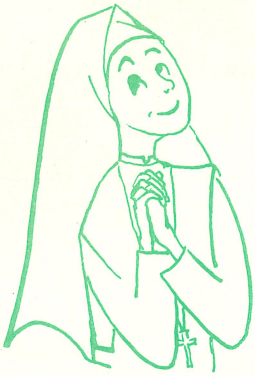
Last September 27th, in the Luuk district of the Philippines, a band of outlaws ambushed a team of public health workers. They had been administering B.C.G., a T.B. vaccination, as part of national health program. Several members of the team were injured and Miss Elicia Hechanova, a 25-year old nurse, was killed. All the Philippines paid homage to Elicia, from the late President Ramon Magsaysay to the humblest citizen, and she was posthumously awarded the Philippine Legion of Honour.

W.H.O. News Review
March-April, 1957

Irrigation vs. Bilharziasis

A distressing problem in Asia, Africa, and South America has arisen with the introduction of irrigation methods. Wherever irrigation has begun, the rise of bilharziasis, or snail fever, has been appaling. A great deal of research is being done and needs still to be done in order to integrate methods of irrigation with a workable and effective program of snail control and disease eradication.

W.H.O. News Review
March-April, 1957.



Pleasz...

Books

Spiritual books for Sisters on the missions. Also a Dictionary needed *$4.50*

Cooking pots

6-15 gal. Aluminum pots for the hospital kitchen, Rawalpindi. Each *$16.00*

Heating element

for Nursing Bottle Sterilizer. *$50.00*

Medicine Tumblers

1 to 2 oz. size or larger, unbreakable—plastic or aluminum—12 doz. needed for Berekum Mission ..... *1 doz. $1.00*

Stamps

Cancelled and mint to be sold for the benefit of our Motherhouse Building fund.

Sterilizer (water)

5 gal. for Techiman Hospital *$96.00*

Vitamins

Vitamins—vitamins—everywhere! for all our missions. ..... *per 1,000—$2.50*

Wheel stretchers

8 needed for Patna Hospital ..... *each $80.00*

thank you

MEDICAL MISSION SISTERS, PHILADELPHIA, PA.

Dear Sisters:

Here is my gift $..... *towards your mission needs in*.....

Name .....

Address .....

City ..... *Zone*..... *State*.....

Indonesian
Madonna

Maternal Love †

the most pressing,

the most active, and

the most ardent of all

What must it not have worked

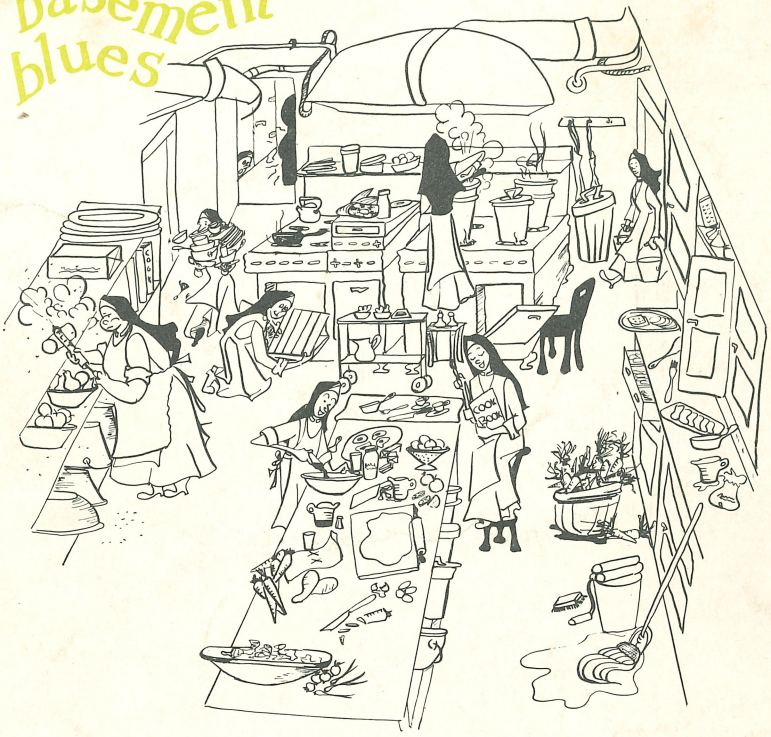
in the heart of such a Mother

and for the heart of such a Son

ST. FRANCIS DE SALES

Mrs. Edward Froehlich
339 Southmont Blvd.
Johnstown, Pa.

basement blues



Down in the basement
Sister-cook is busily
Preparing dinner
for our growing family.

A hundred and fifty
to be fed is not a few;
It requires just endless
cooking, baking, dishes — whew!

It's a crowded little kitchen.
There's not an inch to spare.
We have to use the furnace room
to house our frigidaire.

The stove, a wounded veteran,
of many an ancient war,
Relies upon a kitchen chair
to close its oven door.

What a busy thoroughfare!
We need a traffic light.
But what we really need is YOU
to help us in our plight.

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Mother Dengel:

Here is my contribution $..... *towards helping the Sisters reach their destination —more housing.*

Name .....

Address .....

City ..... *Zone*..... *State*.....